DEPARTMENT OF THE ARMY
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REPLY TO
ATTENTION OF

DASG-IMD   12 August 2005

AHLTA SOP #9
Scanner Use

1. PURPOSE: To define the policies for AMEDD fielding and use of scanners with AHLTA.

2. REFERENCES:

   a. Tri-Service End User Device Placement Criteria

   b. Military Health System Portable Computing Devices Configuration Guidance

3. SCOPE: This SOP applies to all members of the AHLTA Program Office and all AMEDD sites implementing AHLTA.

4. DEFINITION: EUD - End User Device. These are comprised of workstations, monitors and printers (local and network). EUDs are identified by number and location by the Functional Site Survey, validated by this office and reviewed with the deployment site leadership.

5. Goal: Scanner fielding and use will serve to meet the following goals:

   a. Interim method for entry of documents into AHLTA that involves patient signature or drawings until a fully integrated electronic method is fielded to accomplish these tasks in AHLTA.

   b. Interim method for capture of specific patient reports such as EKG into AHLTA until a direct equipment interface is developed.

   c. Interim method of entry of clinical drawings into AHLTA until the drawing tool is fielded (expected Dec 2005).

   d. Method to enter external consults and other patient specific external data into the patient's record, AHLTA.

   e. Method to facilitate ER utilization of AHLTA pending lessons learned from AHLTA utilization in ER and interim enhancements to AHLTA

6. Funding:

   a. Initial fielding

     1) Scanners will become part of the standard AMEDD EUD deployment plan for all facilities for which this office is ordering EUDs after 1 Sep 2005.

     2) Scanners will be fielded to sites where AHLTA was deployed prior to Sep 2005 in the order of their deployment.

     3) Sites that implemented AHLTA prior to 1 Sep 2005 will have scanners deployed to them as follows:

       a. Five (5) per hospital based multi-clinic outpatient record room

       b. Three (3) per clinic based, satellite, or TMC record room

       c. Three (3) per consult referral center used at each MTF

       d. Two (2) per Emergency Room (ER)

     4) Scanners are not covered under 4 year service contract. Replacement during that time will be at MTF cost.

   b. EUD Refresh - Scanner replacement at time of MTF refresh of AHLTA EUDs will be based upon established CONOPS at time of refresh.

7. Utilization – Scanners should be used for incorporation of the below-listed documents into AHLTA, not as an alternate method of entering patient encounter data into AHLTA. Scanned material will not contribute to the E/M calculation done by AHLTA and does not generate searchable data.

   a. Scanning should be used for the following:

     1) Documents that require patient signature, such as consent forms, and military medical documents such as the Army Physical (until the Standard Form generator capability is fielded in AHLTA)

     2) Detailed clinical drawings that are attached to an encounter prior to the deployment of the AHLTA drawing tool

     3) Network consults

     4) Clinically relevant forms on the patient or patient assessment material such as patient drawing from a mini mental status exam

b. Scanning should NOT be used for the following:

1) Old patient records

2) Scanning in written patient records as a substitute for entry of patient data into AHLTA using structured and free text in appropriate area. The exceptions to this are as follows:

   a. Capturing Army Physical Exams until the AHLTA Standard Form Generator is fielded

   b. Emergency Room utilization for attaching nursing documentation until AHLTA use in the ER is evaluated (see attached recommendation of ER utilization of AHLTA)

3) Multiple page documents such as GXT's, sleep studies, Holters, etc. For these items it is recommended that the results be entered into AHLTA and a single page scan of the result page, if one exists, be scanned. This is due to size limitation of scanning and the potential for significantly slowing AHLTA performance due to scanning large documents.

c. Scanning Processes

1) Scanning Procedures – See current best practice recommendation for scanning documents into AHLTA.

2) Scanning is not intended to be a provider function.

3) Each MTF should define a process to identify those items that are generated in clinic that the record room should scan into AHLTA. Scanning is an extension of "medical record" maintenance and should be accomplished by administrative support or clerical support staff.   Scanning of documents into AHLTA should be accomplished in a specified time frame. The utilization of AHLTA results in the immediate reduction of outpatient record filing, as no telephone consults are printed.

4) Consult referral utilization of scanning will facilitate this process, as the scanned network consult is available to all − so no copies of the network consult must be made for distribution.

d. Conclusion: The above represents an interim solution based upon present AMEDD fielding experience. It is also based upon AHLTA user input for changes to AHLTA to assist in "going paperless". As new capabilities are deployed in AHLTA, the use of scanning should progressively decrease.

8. Proponent for this SOP is the Program Office Director at Commercial 706-787-7165 or DSN 773-7165.

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